

# STANDARD CERTIFICATE OF DEATH

State File No.

33595

National Office of Vital Statistics

Registrar's No. 30

Registration District No. 2

Primary Registration District No. 5827

## 1. PLACE OF DEATH:

- (a) County New Madrid  
(b) City or town Lilbourn (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 yrs (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME MOSE CARPENTER

3. (b) If veteran, no name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married Married  
7. Birth date of deceased 5-10-1878 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 14 If less than one day

9. Birthplace Carroll Ala (City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Robert Carpenter

12. Name Carroll (City, town, or county) (State or foreign country)

13. Birthplace Carroll Ala (City, town, or county) (State or foreign country)

14. Maiden name Carroll Jones (City, town, or county) (State or foreign country)

15. Birthplace Carroll Ala (City, town, or county) (State or foreign country)

16. (a) Informant Willie Miller (b) Address Lilbourn (City, town, or county) (State or foreign country)

17. (a) Funeral (b) Date thereof Oct 26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Catox (City, town, or county) (State or foreign country)

18. (a) Signature of funeral director W. F. Ponder (b) Address Lilbourn (City, town, or county) (State or foreign country)

19. (a) 10-27-48 (Date received local registrar) (b) W. F. Ponder (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County New Madrid  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street Name Lilbourn & Perfect Ave (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

20. DATE OF DEATH: Month Oct day 24 year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1945 to 23 Oct 19 48  
that I last saw him alive on 22 Oct 19 48  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cardiac Failure Duration 3 days

Due to Myocarditis Chronic Under

Due to Senile changes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/28

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Souis J. Smith (M. D. or other) MD

Address New Madrid Mo Date signed 24 Oct 48

876122 NOV

RECEIVED

District Health Office No. 2

District File Number 1048-1395

Date Filed 10-30-48

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*Fred J. Smith*

Licensed Embalmer No. 4408

P. O. Address St. Keston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.